



## TEMPLE UNIVERSITY PARK RANGER LAW ENFORCEMENT ACADEMY

202 West Hall, 580 Meetinghouse Road  
Ambler, Pennsylvania 19002 | 267-468-8600

<https://universitycollege.temple.edu/academics/park-ranger-law-enforcement-academy>

### PHYSICAL EXAMINATION

This form is to be used by applicants seeking entry to the Park Ranger Law Enforcement Academy (PRLEA).

THIS EXAMINATION MUST BE ADMINISTERED by a licensed physician, physician's assistant, or certified nurse practitioner who is licensed. This examination is to determine the physical fitness of the applicant to be commissioned as a law enforcement officer and vested with a position of public trust. The applicant who you are about to examine is applying for training certification. He/she may, at some future time, be required to exercise significant physical strength and undergo high emotional stress.

LAST NAME		FIRST NAME		MIDDLE INITIAL	
STREET ADDRESS			CITY/BORO	STATE	ZIP CODE
E-MAIL ADDRESS		DATE OF BIRTH	GENDER		DATE OF EXAM

#### PHYSICIAN SHALL COMPLETE THE FOLLOWING

- A. Is this applicant free from the addictive or excessive use of alcohol, drugs, or illegal controlled substances which has been determined using current laboratory testing procedures? *Note: Drug screening lab results must accompany this form.*  YES  NO
- B. Is this applicant's physical condition such that the applicant can reasonably be expected to withstand significant cardiovascular stress?  YES  NO
- C. Is this applicant free from any debilitating conditions such as tremor, incoordination, convulsion, fainting episodes, or other neurological conditions which may affect the applicant's ability to perform as a law enforcement officer?  YES  NO
- D. Is this applicant free from any other significant physical limitations or disability which would, in the physician's opinion, impair the applicant's ability to perform the duties of a law enforcement officer or complete the required minimum training requirements?  YES  NO
- E. Is this applicant missing any extremities, including digits, which would prevent performance of required law enforcement duties or meeting minimum training requirements?  YES  NO

<b>BLOOD PESSURE</b>	<b>HEART</b>	<b>LUNGS</b>
SYSTOLIC _____ DIASTOLIC _____	NORMAL <input type="checkbox"/> ABNORMAL <input type="checkbox"/>	NORMAL <input type="checkbox"/> ABNORMAL <input type="checkbox"/>

HEARING

THE FOLLOWING MUST BE COMPLETED.

I. Is the applicant free from any significant auditory abnormalities or hearing loss?  YES  NO

RIGHT  NORMAL  ABNORMAL      LEFT  NORMAL  ABNORMAL

VISION

THE FOLLOWING MUST BE COMPLETED.

RIGHT      UNCORRECTED 20/\_\_\_\_      LEFT      UNCORRECTED 20/\_\_\_\_  
CORRECTED 20/\_\_\_\_      CORRECTED 20/\_\_\_\_

I. Does the applicant have normal depth perception?  YES  NO

II. Does the applicant have normal color perception?  YES  NO

III. Is the applicant free from any other significant visual abnormalities?  YES  NO

THE FOLLOWING MUST BE COMPLETED.

Is the applicant taking any medication? If yes, indicate the medication(s) and dosage(s). If no, write "No medication."

Has the applicant undergone surgery within the past five years? If yes, indicate type of surgery. If no, write "Not applicable."

Is the applicant allergic to any foods, medication, plant life, insects, etc.? If yes, indicate any allergies. If no, write "No known allergies."

Does the applicant have any existing/pre-existing medical conditions not disclosed elsewhere in this document? If yes, indicate. If none, write "None."

**PROFESSIONAL OPINION**

- PHYSICALLY CAPABLE** - I have examined the applicant, and it is my professional opinion that this person is **physically capable** of exercising appropriate judgment and restraint as a commissioned law enforcement officer.
- PHYSICALLY UNFIT** - I have examined the applicant, and it is my professional opinion that this person is **physically unfit** to exercise appropriate judgment and restraint as a commissioned law enforcement officer.

I hereby certify that the information and statements contained in the tables above and in the attached examination report are true and correct.

This examination form must be forwarded to the Temple University Park Ranger Law Enforcement Academy (PRLEA) by the examining physician within 15 days of the date of examination, **even if the applicant is found physically unfit.**

\_\_\_\_\_  
SIGNATURE – STATE LICENSED EXAMINING PHYSICIAN/PA/CNP

\_\_\_\_\_  
DATE

PHYSICIAN PRINTED NAME

LICENSE NO.

TELEPHONE NO.

STREET ADDRESS

CITY/BORO

STATE

ZIP CODE

**RELEASE OF PHYSICAL INFORMATION**

Having applied for training as a law enforcement officer and having subjected myself to a physical examination by a licensed physician, I reserve the right to have the data and conclusions of the physician remain confidential except to those whom I designate. Accordingly, I hereby authorize the physician named above to release all information related to my physical examination to the Temple University Park Ranger Law Enforcement Academy (PRLEA), or official designee, and to any additional law enforcement and/or NPS academies listed below, for purposes consistent with the application process. No other release of this information, explicit or implied, is granted at this time.

\_\_\_\_\_  
NAME OF THE PARK RANGER LAW ENFORCEMENT ACADEMY AND/OR THE NATIONAL PARK SERVICE (Print)

ADDRESS

CITY

STATE

ZIP CODE

FAX

EMAIL

\_\_\_\_\_  
SIGNATURE – APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE - STATE LICENSED PHYSICIAN/PA/CNP

\_\_\_\_\_  
DATE